

# Personal Protective Equipment Receipt and Training Certification

Authority/Municipality: \_\_\_\_\_

Instructor: \_\_\_\_\_

Date: \_\_\_\_\_

<b>The following Personal Protective Equipment has been assigned for use</b>	
<b>Check applicable boxes</b>	<b>Identify specific PPE Make &amp; ID</b>
<input type="checkbox"/> <b>Eye Protection</b>	
<input type="checkbox"/> <b>Face Protection</b>	
<input type="checkbox"/> <b>Head Protection</b>	
<input type="checkbox"/> <b>Foot Protection</b>	
<input type="checkbox"/> <b>Hand Protection</b>	
<input type="checkbox"/> <b>Respiratory Protection</b>	
<input type="checkbox"/> <b>Hearing Protection</b>	
<input type="checkbox"/> <b>Traffic Vest/ clothing</b>	
<input type="checkbox"/> <b>Rain gear</b>	
<input type="checkbox"/> <b>Arc-Flash gear</b>	
<input type="checkbox"/> <b>Other Protection</b>	

\_\_\_\_\_, has received and demonstrated his/her  
**Printed name of employee**

understanding of the assigned Personal Protection Equipment (PPE) and acknowledges receipt of use and care training .

I accept the PPE that my employer is providing to me. I further acknowledge that I have been instructed in how to wear and maintain it. If it is lost or damaged, I will report the same to my employer promptly for replacement.

I agree to wear the equipment when facing the exposure it is designed to protect against. I acknowledge that my failure to do so may subject me to disciplinary action.

\_\_\_\_\_  
Employee signature

\_\_\_\_\_/\_\_\_\_\_  
Date